

 <p>TRANSMITTAL FORM</p> <p>(to be used for all correspondence after initial filing)</p>		Application Number	09/808,717	
		Filing Date	March 14, 2001	
		First Named Inventor	BENNETT ET AL.	
		Art Unit	3627	
		Examiner Name	RUDY, ANDREW J.	
Total Number of Pages in This Submission		13	Attorney Docket Number	OOB011
ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response To Office Action <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		
		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):		
Remarks				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm	McAndrews Held & Malloy, Ltd.			
Signature	<i>Ronald Spuhler</i>			
Printed Name	Ronald H. Spuhler, Reg. No. 52,245			
Date	April 25, 2006			
CERTIFICATE OF MAILING				
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 04/25/2006				
Name (Print/type)	Ronald H. Spuhler	Registration No. (Attorney/Agent)	52,245	
Signature	<i>Ronald Spuhler</i>	Date	04/25/2006	

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Effective on 12/08/2004.
Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).

FEE TRANSMITTAL
for FY 2005

Complete if Known

Application Number	09/808,717
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Filing Date	March 14, 2001
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First Named Inventor | BENNETT ET AL.

Examiner Name | RUDY, ANDREW J.

Art Unit	3627
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Attorney Docket No. OOB011

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	225.00
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METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☐ Charge Fee(s) indicated below ☐ Charge Fee(s) indicated below, **except for the filing fee**

☐ Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity	Fee(\$)	Small Entity	Fee(\$)	Small Entity	
		Fee(\$)		Fee(\$)		Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

		Small Entity
	Fee(\$)	Fee(\$)
2. EXCESS CLAIM FEES		
Fee Description		
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Multiple dependent claims

<u>Total Claims</u>		<u>Extra Claims</u>		<u>Fee(\$)</u>		<u>Fee Paid (\$)</u>		<u>Multiple Dependent Claims</u>	
_____	-20 or HP	_____	x	_____	=	_____		<u>Fee</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20									
<u>Indep. Claims</u>		<u>Extra Claims</u>		<u>Fee(\$)</u>		<u>Fee Paid (\$)</u>			
_____	-3 or HP	_____	x	_____	=	_____			
HP = highest number of independent claims paid for, if greater than 3									

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee(\$)</u>	<u>Fee Paid(\$)</u>
-100	/50	_____ (round up to a whole number) x		=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Petition For Two Month Extension Of Time

Fee Paid(\$)

225.00

SUBMITTED BY

Signature

Ronald Spuhler

Registration No.
(Attorney/Agent)

52.245

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(312)775-8000

Name (print/type)

Ronald H. Spuhler

Date

04/25/2006